

		FOR OHF USE					

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2004  
STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC AID  
FINANCIAL AND STATISTICAL REPORT FOR  
LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2004)

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0038000

Facility Name: Alden Town Manor Rehab & HCC

Address: 6120 West Ogden Cicero 60804  
Number City Zip Code

County: Cook

Telephone Number: (773) 286-3883 Fax # (773) 286-3743

IDPA ID Number: 36-3695814

Date of Initial License for Current Owners: 09/16/92

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input checked="" type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:  
Name: STEVEN M. KROLL Telephone Number: (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2004 to 12/31/2004 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)		(Date)	
	(Type or Print Name)	Joan Carl		
	(Title)			
Paid Preparer	(Signed)		(Date)	
	(Print Name and Title)			
	(Firm Name & Address)			
	(Telephone)	( )	Fax # ( )	
	MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630			

Facility Name & ID Number Alden Town Manor Rehab & HCC

# 0038000 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	249	Skilled (SNF)	249	91,134	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	249	TOTALS	249	91,134	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	797	1,642	9,622	12,061	8
9	SNF/PED					9
10	ICF	54,432	5,497	1,845	61,774	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	55,229	7,139	11,467	73,835	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.02%

D. How many bed-hold days during this year were paid by Public Aid? (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES NO x

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES NO x

I. On what date did you start providing long term care at this location? Date started 6/15/93

J. Was the facility purchased or leased after January 1, 1978? YES x Date 6/1/92 NO

K. Was the facility certified for Medicare during the reporting year? YES x NO If YES, enter number of beds certified 64 and days of care provided 7,368

Medicare Intermediary Administar Federal. Inc

IV. ACCOUNTING BASIS

ACCRAUAL x MODIFIED CASH\* CASH\*

Is your fiscal year identical to your tax year? YES x NO

Tax Year: 12/31/04 Fiscal Year: 12/31/04 \* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	417,718	43,245	9,600	470,563	1,122	471,685		471,685			1
2	Food Purchase		416,781		416,781	(38,582)	378,199	(18,508)	359,691			2
3	Housekeeping	226,196	34,903		261,099	1,071	262,170		262,170			3
4	Laundry	54,773	19,155		73,928	265	74,193		74,193			4
5	Heat and Other Utilities			282,668	282,668		282,668	(14,607)	268,061			5
6	Maintenance	40,489		170,935	211,424	67	211,491	4,759	216,250			6
7	Other (specify):* <b>Related Party Salary</b>							54,604	54,604			7
8	<b>TOTAL General Services</b>	739,176	514,084	463,203	1,716,463	(36,057)	1,680,406	26,248	1,706,654			8
	<b>B. Health Care and Programs</b>											
9	Medical Director			109,843	109,843		109,843		109,843			9
10	Nursing and Medical Records	3,206,156	175,978		3,382,134	9,877	3,392,011	(82,365)	3,309,646			10
10a	Therapy	84,839		14,166	99,005		99,005		99,005			10a
11	Activities	81,108	2,674	9,030	92,812	160	92,972		92,972			11
12	Social Services	32,425			32,425		32,425		32,425			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):* <b>Related Party Salary</b>							40,833	40,833			15
16	<b>TOTAL Health Care and Programs</b>	3,404,528	178,652	133,039	3,716,219	10,037	3,726,256	(41,532)	3,684,724			16
	<b>C. General Administration</b>											
17	Administrative	54,815			54,815		54,815		54,815			17
18	Directors Fees											18
19	Professional Services			1,026,069	1,026,069		1,026,069	(918,997)	107,072			19
20	Dues, Fees, Subscriptions & Promotions			66,471	66,471		66,471	(54,119)	12,352			20
21	Clerical & General Office Expenses	128,340	26,059	39,823	194,222	790	195,012	59,490	254,502			21
22	Employee Benefits & Payroll Taxes			689,566	689,566	25,230	714,796	(3,768)	711,028			22
23	Inservice Training & Education											23
24	Travel and Seminar			6,424	6,424		6,424	17,632	24,056			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			217,382	217,382		217,382	15,863	233,245			26
27	Other (specify):* <b>Related Party Salary</b>			(9,157)	(9,157)		(9,157)	567,072	557,915			27
28	<b>TOTAL General Administration</b>	183,155	26,059	2,036,578	2,245,792	26,020	2,271,812	(316,827)	1,954,985			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,326,859	718,795	2,632,820	7,678,474		7,678,474	(332,111)	7,346,363			29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification	Reclassified Total	Adjust- ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			80,673	80,673		80,673	325,656	406,329			30
31	Amortization of Pre-Op. & Org.			9,342	9,342		9,342	4,941	14,283			31
32	Interest			100,354	100,354		100,354	748,648	849,002			32
33	Real Estate Taxes			12,287	12,287		12,287	807,191	819,478			33
34	Rent-Facility & Grounds			1,802,492	1,802,492		1,802,492	(1,802,492)				34
35	Rent-Equipment & Vehicles			12,326	12,326		12,326	29,595	41,921			35
36	Other (specify):* mortgage insurance premium							62,712	62,712			36
37	TOTAL Ownership			2,017,474	2,017,474		2,017,474	176,251	2,193,725			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		486,324	578,099	1,064,423		1,064,423	(194,043)	870,380			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		90		90		90	(90)				41
42	Provider Participation Fee			136,701	136,701		136,701		136,701			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		486,414	714,800	1,201,214		1,201,214	(194,133)	1,007,081			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,326,859	1,205,209	5,365,094	10,897,162		10,897,162	(349,993)	10,547,169			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.  
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	14,451	30		9
10	Interest and Other Investment Income	(26)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,509)	2		13
14	Non-Care Related Interest	(32,478)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(12,253)	21		17
18	Fines and Penalties	(11,300)	32		18
19	Entertainment	(2,612)	20		19
20	Contributions	(2,451)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(20,524)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	9,157	27		24
25	Fund Raising, Advertising and Promotional	(45,765)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(226)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (106,536)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(186,371)	Various	34
35	Other- Attach Schedule	(57,086)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (243,457)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B) )	\$ (349,993)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.  
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	\$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Report Period Beginning:

Ending:

ID#0038000

01/01/2004

12/31/2004

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (18,653)	5	1
2	Gift shop expenses	(90)	41	2
3				3
4	Intercompany interest	(912)	32	4
5	Wage Service Fee (GL4977)	(123)	22	5
6	Park Rental (GL 4977)	(2,588)	6	6
7	Medical Records (GL 4977)	(301)	21	7
8	Marketing Manager	(22,869)	21	8
9	Back out Employee Benefits for Marketing Manager	(3,645)	22	9
10	Back out credit related to prior year (GL7143-Vendor Sett	386	21	10
11	Back out 31.78% of PAC fees from standard IHCA bills	(3,775)	20	11
12	Depreciation on Deferred Maintenance "Painting"	1,215	6	12
13				13
14	Back out bank charges in Cicero Associates	(88)	21	14
15	Back out credit for AMS Legal Services reversed	(2,000)	19	15
16	Back out real estate tax refund for 1998	5	33	16
17	Back out Painting expense for 2004	(3,648)	6	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(57,086)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(2,509)	0	0	(15,999)	0	0	0	0	0	0	0	(18,508)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(18,653)	0	4,046	0	0	0	0	0	0	0	0	(14,607)	5
6	Maintenance	(5,021)	0	12,086	0	0	0	(49)	(2,257)	0	0	0	4,759	6
7	Other (specify):*	0	0	54,604	0	0	0	0	0	0	0	0	54,604	7
8	TOTAL General Services	(26,183)	0	70,736	(15,999)	0	0	(49)	(2,257)	0	0	0	26,248	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(67,881)	(14,484)	0	0	0	0	0	0	(82,365)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	40,833	0	0	0	0	0	0	0	0	40,833	15
16	TOTAL Health Care and Programs	0	0	40,833	(67,881)	(14,484)	0	0	0	0	0	0	(41,532)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(22,524)	3,950	(900,423)	0	0	0	0	0	0	0	0	(918,997)	19
20	Fees, Subscriptions & Promotions	(54,829)	0	710	0	0	0	0	0	0	0	0	(54,119)	20
21	Clerical & General Office Expenses	(35,125)	1,111	45,815	39,462	8,227	0	0	0	0	0	0	59,490	21
22	Employee Benefits & Payroll Taxes	(3,768)	0	0	0	0	0	0	0	0	0	0	(3,768)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	17,632	0	0	0	0	0	0	0	0	17,632	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	15,473	390	0	0	0	0	0	0	0	0	15,863	26
27	Other (specify):*	9,157	0	535,907	9,257	12,751	0	0	0	0	0	0	567,072	27
28	TOTAL General Administration	(107,089)	20,534	(299,969)	48,719	20,978	0	0	0	0	0	0	(316,827)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(133,272)	20,534	(188,400)	(35,161)	6,494	0	(49)	(2,257)	0	0	0	(332,111)	29

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
(to Sch V, col.7)														
30	Depreciation	14,451	289,022	20,785	0	1,398	0	0	0	0	0	0	325,656	30
31	Amortization of Pre-Op. & Org.	0	2,603	2,338	0	0	0	0	0	0	0	0	4,941	31
32	Interest	(44,716)	724,381	66,318	0	590	2,075	0	0	0	0	0	748,648	32
33	Real Estate Taxes	5	796,931	9,694	0	561	0	0	0	0	0	0	807,191	33
34	Rent-Facility & Grounds	0	(1,802,492)	0	0	0	0	0	0	0	0	0	(1,802,492)	34
35	Rent-Equipment & Vehicles	0	0	29,595	0	0	0	0	0	0	0	0	29,595	35
36	Other (specify):*	0	62,712	0	0	0	0	0	0	0	0	0	62,712	36
37	TOTAL Ownership	(30,260)	73,157	128,730	0	2,549	2,075	0	0	0	0	0	176,251	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(31,001)	(42,867)	(120,175)	0	0	0	0	0	(194,043)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(90)	0	0	0	0	0	0	0	0	0	0	(90)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	(90)	0	0	(31,001)	(42,867)	(120,175)	0	0	0	0	0	(194,133)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(163,622)	93,691	(59,670)	(66,162)	(33,824)	(118,100)	(49)	(2,257)	0	0	0	(349,993)	45



VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6L		See Page 6K		See Page 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	\$ 1,802,492	Cicero Associates	100.00%	\$	\$ (1,802,492)	1
2	V	32	Investment Income-RR	473				(473)	2
3	V	19	Accounting Fee				3,950	3,950	3
4	V	21	Misc. Admin Expense				1,111	1,111	4
5	V	33	Real Estate Tax				796,931	796,931	5
6	V	26	Property & Liability Insurance				15,473	15,473	6
7	V	32	Interest on Mortgage note				604,939	604,939	7
8	V	32	Interest on Operating Loss Loan				119,915	119,915	8
9	V	36	Mortgage Insurance Premium				62,712	62,712	9
10	V	30	Depreciation				289,022	289,022	10
11	V	31	Amortization				2,603	2,603	11
12	V								12
13	V								13
14	Total			\$ 1,802,965			\$ 1,896,656	\$ * 93,691	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	professional fees	\$ 914,744	Alden Management Services		\$	\$(914,744)	15
16	V	19	professional fees		Alden Management Services		14,321	14,321	16
17	V	21	genl & admin		Alden Management Services		45,815	45,815	17
18	V	5	utilities		Alden Management Services		4,046	4,046	18
19	V	6	maintenance		Alden Management Services		12,086	12,086	19
20	V	24	travel & seminar		Alden Management Services		17,632	17,632	20
21	V	26	insurance		Alden Management Services		390	390	21
22	V	20	dues & subscriptions		Alden Management Services		710	710	22
23	V	30	depreciation		Alden Management Services		20,785	20,785	23
24	V	31	amortization		Alden Management Services		2,338	2,338	24
25	V	33	real estate tax		Alden Management Services		9,694	9,694	25
26	V								26
27	V	35	rent-equip & vehicles		Alden Management Services		29,595	29,595	27
28	V	32	interest		Alden Management Services		66,318	66,318	28
29	V	7	salaries - gen'l serv		Alden Management Services		54,604	54,604	29
30	V	15	salaries - health care		Alden Management Services		40,833	40,833	30
31	V	27	salaries - gen'l admin		Alden Management Services		535,907	535,907	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 914,744			\$ 855,074	\$ * (59,670)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	Tube Feeding	\$ 41,653	Pyramid Health Care Services		\$ 25,654	\$ (15,999)	15
16	V	10	Nursing Supply	74,621	Pyramid Health Care Services		6,740	(67,881)	16
17	V	39	Per diems/other supplies	70,456	Pyramid Health Care Services		39,455	(31,001)	17
18	V	21	General & admin		Pyramid Health Care Services		39,462	39,462	18
19	V	27	General & admin salaries		Pyramid Health Care Services		9,257	9,257	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 186,730			\$ 120,568	\$ * (66,162)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	\$ 174,297	Forum Extended Care II		\$ 150,338	\$ (23,959)	15
16	V	10	House Stock	2,312	Forum Extended Care II		1,994	(318)	16
17	V	39	IV	137,549	Forum Extended Care II		118,641	(18,908)	17
18	V								18
19	V	21	G & A		Forum Extended Care II		8,227	8,227	19
20	V	32	Interest		Forum Extended Care II		590	590	20
21	V	33	Real Estate taxes		Forum Extended Care II		561	561	21
22	V	30	Depreciation		Forum Extended Care II		1,398	1,398	22
23	V	27	General & admin salaries		Forum Extended Care II		12,751	12,751	23
24	V	10	Pharmacy Consulting	14,166	Forum Extended Care II			(14,166)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 328,324			\$ 294,500	\$ * (33,824)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	\$ 562,835	Community Physical Therapy		\$ 442,660	\$ (120,175)	15
16	V	32	Interest		Community Physical Therapy		2,075	2,075	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 562,835			\$ 444,735	\$ * (118,100)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	REPAIRS & MAINTENANCE	\$ 34,214	ALDEN BENNETT CONSTRUCTION		\$ 34,165	\$ (49)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 34,214			\$ 34,165	\$ * (49)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ X

 YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	CARPET CLEANING	\$ 15,580	ALDEN REALTY - CARPET CARE		\$ 13,943	\$ (1,637)	15
16	V	6	FLOOR CLEANING	6,370	ALDEN REALTY - FLOOR CARE		5,750	(620)	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 21,950			\$ 19,693	\$ * (2,257)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number

ALDEN NURSING CENTER - TOWN MANOR

# 003-3800

Report Period Beginning

01/01/04

Ending:

12/31/04

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Waterford	Aurora
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomingtondale
ANC Village for Children & Young Adults	Bloomingtondale
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomingtondale
Alden of Old Town West	Bloomingtondale
Alden Trails	Bloomingtondale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governors' Park	Barrington
ANC Gardens of Rockford	Rockford

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living



NAMES OF OWNERS OWNERSHIP %s	
Stuart Goldsand	7.07
Julian Bailes MD	2.02
Aaron Carl	1.01
Lu Sezenov	6.06
Mildred Schlossberg	10.10
Ronald Eaton	6.06
John Vercillo	2.02
Brett Carl	1.01
Larry Saunders	1.01
Floyd A. Schlossberg	40.91
Joan/Sam Carl	12.12
William Holway	5.05
Richard Kern	2.02
Ritchie Schullo	2.02
Randi Schullo	1.01
Ellen Frymire	0.52
	<hr/>
	100.00
	<hr/>

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	Chief Executive	40.91	213,021	2.588	6.47	salary	\$ 14,743	27-7	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin.	0.00	68,788	2.588	6.47	salary	4,761	15-7	2
3	Terry Magnusson c.	Maint. Supervisor	construct/mainten	0.00	46,764	2.588	6.47	salary	3,236	7-7	3
4	Joan Carl d.	Secretary	Vice-President	12.12	213,021	2.588	6.47	salary	14,743	27-7	4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of The Alden Group Ltd.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10	d. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Town Manor, Princeton, Valley Ridge,										10
11	North Shore, Orland Park, and Waterford. She has an equity interest in the real estate of Alma Nelson, Park Strathmoor, and Meadow Park.										11
12											12
13								TOTAL	\$ 37,483		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number     Alden Town Manor Rehab & HCC     #     0038000     Report Period Beginning:     01/01/2004     Ending:     2/31/2004

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.)     YES ☒     NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization     Alden Management Services, Inc.  
Street Address     4200 W Peterson Ave.  
City / State / Zip Code     Chicago, IL 60646  
Phone Number     ( 773 ) 286-3883  
Fax Number     ( 773 ) 286-3743

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1		see page 8A (also on page 6A)				\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE											
A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)											
	1	2		3	4	5	6	7	8	9	10
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO				Original	Balance			
	A. Directly Facility Related										
	Long-Term										
1	Cambridge		x	Mortgage	\$58,980.00	1/2003	\$ 10,617,600	\$ 10,418,676	12/2037	5.7800	\$ 604,939
2	Cambridge		x	Operating Loss Loan	\$11,691.00	1/2003	2,104,700	2,065,268	10/2038	5.7800	119,915
3	Leumi		x	Working Capital	\$26,250.00	7/30/2004	1,800,000	1,543,191	5/31/2005	4.7500	54,438
4											4
5											5
	Working Capital										
6	related party-ams & other	x		working capital							66,318
7	related party-cpt/bus loan	x		working capital,bus loan							3,301
8	related party-fecII	x		working capital							590
9	TOTAL Facility Related				\$96,921.00		\$ 14,522,300	\$ 14,027,135			\$ 849,501
	B. Non-Facility Related*										
10	offset Cicero Assoc interest expense with interest income on Repl Reserve										(473)
11											
12	offset Interest expense with Interest Income (GL4964,4983)										(26)
13											
14	TOTAL Non-Facility Related						\$	\$			\$ (499)
15	TOTALS (line 9+line14)						\$ 14,522,300	\$ 14,027,135			\$ 849,002

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 62,712 Line # 36

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.																						
1. Real Estate Tax accrual used on 2003 report.				\$	<b>734,000</b> 1																			
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	<b>766,223</b> 2																			
3. Under or (over) accrual (line 2 minus line 1).				\$	<b>32,223</b> 3																			
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	<b>777,000</b> 4																			
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>				\$	5																			
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.				\$	6																			
<b>TOTAL REFUND</b> \$ <b>For</b> <b>Tax Year.</b> <b>(Attach a copy of the real estate tax appeal board's decision.)</b>				\$	<b>6</b>																			
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	<b>809,223</b> 7																			
Real Estate Tax History:																								
Real Estate Tax Bill for Calendar Year:		1999	<b>614,479</b>	8	<table><tr><td colspan="3"><b>FOR OHF USE ONLY</b></td></tr><tr><td>13</td><td>FROM R. E. TAX STATEMENT FOR 2003</td><td>\$</td><td>13</td></tr><tr><td>14</td><td>PLUS APPEAL COST FROM LINE 5</td><td>\$</td><td>14</td></tr><tr><td>15</td><td>LESS REFUND FROM LINE 6</td><td>\$</td><td>15</td></tr><tr><td>16</td><td>AMOUNT TO USE FOR RATE CALCULATION</td><td>\$</td><td>16</td></tr></table>	<b>FOR OHF USE ONLY</b>			13	FROM R. E. TAX STATEMENT FOR 2003	\$	13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
<b>FOR OHF USE ONLY</b>																								
13	FROM R. E. TAX STATEMENT FOR 2003	\$	13																					
14	PLUS APPEAL COST FROM LINE 5	\$	14																					
15	LESS REFUND FROM LINE 6	\$	15																					
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																					
		2000	<b>677,830</b>	9																				
		2001	<b>715,626</b>	10																				
		2002	<b>712,289</b>	11																				
		2003	<b>753936 *</b>	12																				
<b>accrual based on 3% increase over prior year bill.</b>																								
<b>\$753,936 x 1.03 = \$777,000 (rounded to nearest \$1,000) plus, an additional estimate due for parking lot (see page 10B)</b>																								
<b>* An additional amount of \$12,287 was due for parking lot (see page 10B)</b>																								

- NOTES:
1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Town Manor Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 286-3883 FAX #: (773) 286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 13-32-115-017-0000	Nursing home facility	\$ 1,660.08	\$ 1,660.08
2. 13-32-115-018-0000	Nursing home facility	\$ 1,660.08	\$ 1,660.08
3. 13-32-115-019-0000	Nursing home facility	\$ 62,453.64	\$ 62,453.64
4. 13-32-115-020-0000	Nursing home facility	\$ 87,153.00	\$ 87,153.00
5. 13-32-115-026-0000	Nursing home facility	\$ 325,341.92	\$ 325,341.92
6. 16-32-116-020-000	Nursing home facility	\$ 146,047.75	\$ 146,047.75
7. 16-32-116-021-000	Nursing home facility	\$ 61,316.89	\$ 61,316.89
8. 16-32-116-022-000	Nursing home facility	\$ 61,704.75	\$ 61,704.75
9. 16-32-116-023-000	Nursing home facility	\$ 3,349.54	\$ 3,349.54
10. 16-32-116-024-000	Nursing home facility	\$ 3,248.46	\$ 3,248.46
TOTALS		\$ 753,936.11	\$ 753,936.11

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

**TO:** Long Term Care Facilities with Real Estate Tax Rates      **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

FACILITY NAME	<u>Alden Town Manor Rehab &amp; HCC</u>	COUNTY	<u>Cook</u>
FACILITY IDPH LICENSE NUMBER	<u>0038000</u>		
CONTACT PERSON REGARDING THIS REPORT	<u>Steven M. Kroll</u>		
TELEPHONE	(773) 286-3883	FAX #:	(773) 286-3743

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. Totals from Page 10B	Totals from Page 10B	\$ 753,936.11	\$ 753,936.11
2. 16-32-116-006-000	Nursing home facility-parking lot	\$ 1,579.73	\$ 1,579.73
3. 16-32-116-007-000	Nursing home facility-parking lot	\$ 1,288.19	\$ 1,288.19
4. 16-32-116-008-000	Nursing home facility-parking lot	\$ 2,009.53	\$ 2,009.53
5. 16-32-116-009-000	Nursing home facility-parking lot	\$ 2,659.78	\$ 2,659.78
6. 16-32-116-010-000	Nursing home facility-parking lot	\$ 2,552.60	\$ 2,552.60
7. 16-32-116-011-000	Nursing home facility-parking lot	\$ 2,196.93	\$ 2,196.93
8.	Related Party - Alden Management	\$ 149,765.00	\$ 9,694.00
9.	Related Party - Forum	\$ 13,827.00	\$ 561.00
10.		\$	\$
	<b>TOTALS</b>	\$ 929,814.87	\$ 776,477.87

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?                 YES        x   NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 94,195

B. General Construction Type: Exterior brick Frame steel Number of Stories 3

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☐ (a) Own the Equipment

☒ (b) Rent equipment from a Related Organization.

☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:   
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing home	66,775	1991	\$ 1,137,260	1
2					2
3	TOTALS	66,775		\$ 1,137,260	3



Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

Report Period Beginning:

01/01/2004

Ending:

12/31/2004

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6	249		1992	1992	9,104,204	289,022	30	303,473	14,451	3,624,223	6
7											7
8	related party-forum			1978	16,213		22			16,213	8
	<b>Improvement Type**</b>										
9	Window glass repair		1992		1,600		10			1,600	9
10	CSI - boiler repair		1994		3,268		3			3,268	10
11	Tower cleaners - drapery		1995		1,557		5			1,557	11
12	Bartlett heating -pipe insulation		1995		3,700	247	15	247		2,302	12
13	CSI - a/c repair		1995		4,093	409	10	409		3,854	13
14	CSI - a/c repair		1995		4,027	403	10	403		3,792	14
15	CSI - pipe insulation		1995		1,981	132	15	132		1,276	15
16	CSI - chiller HVAC		1996		6,042	604	10	604		5,186	16
17	The floor source - carpet installation		1996		5,345	534	10	534		4,632	17
18	Ward door specialist, Inc. - metal door		1996		1,385	92	15	92		785	18
19	Shalom landscaping - planting		1996		8,000	800	10	800		7,333	19
20	The floor source - carpet installation		1996		6,049	605	10	605		5,041	20
21	Bartlett heating -pipe insulation		1996		18,526	1,235	15	1,235		11,527	21
22	Over charged by Bartlett		1996		(10,500)	(1,400)		(1,400)		(9,882)	22
23	Alden Bennett const. - heating, vent , a/c		1996		69,300	3,465	20	3,465		29,164	23
24	Alden Bennett construction - sanitary sewer lift station		1996		23,921	1,196	20	1,196		10,067	24
25	Arrigo enterprises, Inc. - heating and cooling sys. Cooridor		1996		10,931	547	20	547		4,646	25
26	Misco shawnee, Inc. - tile		1996		9,232	462	20	462		3,885	26
27	Misco shawnee, Inc. - tile		1996		9,020	451	20	451		3,796	27
28	General parts - repair dishwasher		1997		2,139		5			2,139	28
29	System Electric - 120 volt circuit installed and replaced		1997		2,085		5			2,085	29
30	Climate - freeon into a/c		1997		6,221		5			6,221	30
31	Long elevator - install new eyes on elevator door		1997		3,180		5			3,180	31
32	A&B cable - outlets installation		1997		11,520		5			11,520	32
33	Arrigo enterprises, Inc. - corridor renovation		1997		24,366	1,218	20	1,218		9,949	33
34	ABC - hvac repairs		1998		39,300	1,965	20	1,965		13,264	34
35	ABC - sanitary sewer lift station		1998		1,259	63	20	63		425	35
36	Coit drapery		1998		12,976		5			12,976	36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

Report Period Beginning:

01/01/2004 Ending: 12/31/2004

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	CSI - replaced fuse and cleaned ice machine	1998	\$ 3,267	\$ 327	10	\$ 327	\$	\$ 2,124	37
38	Wigdahl-replace parking lot timeclock and fixtres	1998	3,703	370	10	370		2,376	38
39	CSI - replace diffusers, bower motor	1998	7,571	757	10	757		4,795	39
40	Kraft paper - extractor	1998	2,071	138	15	138		840	40
41	Kraft paper - extractor	1999	10,000	1,000	10	1,000		5,500	41
42	New horizons - phone system	1999	3,332	333	10	333		1,749	42
43	Advanced parts & services - replace boiler	1999	2,504	125	20	125		709	43
44	Chicago cooling corp - cleaned condensor	1999	1,483	148	10	148		841	44
45	Chicago cooling corp - serviced cond. Water pump	1999	2,230	260	5	260		2,230	45
46	DBS contracting - sprinkler system maint.	1999	1,726	115	15	115		604	46
47	Climater service - repair roooftop exhaust	1999	1,864	186	10	186		963	47
48	System electric - underground pipes, new wires	1999	6,998	350	20	350		1,779	48
49	ABC - excavation work	1999	2,571	257	10	257		1,371	49
50	Alden design	2000	9,940	994	10	994		4,390	50
51	ABC	2000	8,502	850	10	850		4,109	51
52	Fox valley fire & safety	2000	1,887	189	10	189		896	52
53	Switching sys. - replace ATS	2000	3,343	223	15	223		1,022	53
54	ABC reverse accruals	2000	(2,571)	(257)	10	(257)		(1,178)	54
55	Tower cleaner - clean & repair drapes & sheers	2000	3,190		3			3,190	55
56	Chicago backflow, Inc - replace backflow valves	2000	1,806	120	15	120		502	56
57	Alden Bennett Const - seal & stripe parking lot	2000	3,109	311	10	311		1,296	57
58									58
59	Alden Bennett Construction (wall coverings)	2001	15,529	1,553	10	1,553		4,400	59
60	Patten (service elevator)	2001	1,547	77	20	77		309	60
61	Patten (water pump)	2001	2,325	116	20	116		455	61
62	CSI coker services (speed reduction unit)	2001	3,779	378	10	378		1,449	62
63	DBS contracting - (lawn sprinkler system)	2001	2,121	141	15	141		495	63
64	Simplex time (fire alarm)	2001	3,675	245	15	245		898	64
65	Simplex time (fire pump)	2001	1,800	90	20	90		330	65
66	GT mech (boiler repairs)	2001	4,701	940	5	940		3,761	66
67	CSI coker services (kitchen steamer)	2001	3,037	607	5	607		2,379	67
68	CSI coker services (pump assembly motor)	2001	3,784	378	10	378		1,450	68
69	The Floor Source (new carpet + labor cost)	2001	13,180	2,636	5	2,636		10,544	69
70	TOTAL (lines 4 thru 69)		\$ 9,534,944	\$ 316,011		\$ 330,462	\$ 14,451	\$ 3,862,603	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

Report Period Beginning:

01/01/2004

Ending:

12/31/2004

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,534,944	\$ 316,011		\$ 330,462	\$ 14,451	\$ 3,862,603	1
2	Alden Bennett Construction (time and material billing)	2001	3,177	635	5	635		2,224	2
3	T&T Irrigation Inc (lawn sprinkler system repairs)	2001	2,120	141	15	141		459	3
4	Alden Bennett Construction (carpet material)	2001	6,636	664	10	664		2,654	4
5	Alden Bennett Construction (repair cabinets and tip in various arc	2001	6,303	1,261	5	1,261		3,992	5
6	CSI Coker -- (booster heater)	2002	1,616	539	3	539		1,571	6
7	CSI Coker -- (dishwasher repair)	2002	1,444	481	3	481		1,283	7
8	Washtown equipment(motor & valve)	2002	1,577	526	3	526		1,490	8
9	CSI Coker -- (steam table)	2002	528	106	5	106		282	9
10	CSI Coker -- (steamer)	2002	1,325	265	5	265		707	10
11	CSI Coker -- (dishwasher repair)	2002	2,844	284	10	284		687	11
12	GT Mechincal (wheel bower for air unit)	2002	2,662	532	5	532		1,331	12
13	CSI Coker (dishwasher repair)	2003	3,128	1,043	3	1,043		2,085	13
14	GT Mechanical (descaling condenser bundle)	2003	1,803	180	10	180		316	14
15	CSI Coker (dishwasher repair)	2003	2,248	749	3	749		1,062	15
16	Capps Plumbing (kitchen sink repairs)	2003	2,000	100	20	100		133	16
17	Alden Bennett Construction (roof repairs and new carpet)	2003	4,964	496	10	496		910	17
18	Thybonny Wallcoverings (Design works)	2003	2,098	210	10	210		315	18
19	Alden Bennett Const (Hospice wing renovation)	2004	25,220	2,102	10	2,102		2,102	19
20	Alden Bennett Const (Bathroom Floors & Glass in Rooms)	2004	2,709	23	10	23		23	20
21	GT Mechanical (boiler/state fire violations repairs)	2004	1,222	244	5	244		244	21
22	GT Mechanical (boiler/valve replaced)	2004	1,915	383	5	383		383	22
23	CSI Coker (steamer,dishwasher,ice machine repairs)	2004	1,640	456	3	456		456	23
24	CSI Coker (steamer repairs)	2004	1,958	294	5	294		294	24
25	Alden Bennett (air filters, cleaners, EZ Flow)	2004	2,000	267	5	267		267	25
26	GT Mechanical (A/C repairs, repair towerfill line)	2004	2,703	360	5	360		360	26
27	Alden Bennett (Fusible links in the HVAC system to meet LSC)	2004	7,579	337	15	337		337	27
28	GT Mechanical (Refridgerator/Chiller/Chrged Centrifigal repairs	2004	4,064	406	5	406		406	28
29	Patten CAT (Generator repairs) (AMS Billings)	2004	1,682	336	5	336		336	29
30	System Electric (Parking lot Poles repairs)	2004	3,960	264	5	264		264	30
31	Capps Plumbing & Sewer (Iron line leaking in basement)	2004	1,685	28	15	28		28	31
32	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	5,000	222	15	222		222	32
33	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	2,851	32	15	32		32	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,647,605	\$ 329,977		\$ 344,429	\$ 14,451	\$ 3,889,858	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

Report Period Beginning:

01/01/2004 Ending: 12/31/2004

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 9,647,605	\$ 329,977		\$ 344,429	\$ 14,451	\$ 3,889,858	1
2	CSI Coker (Dishwasher repairs)	2004	1,887	52	3	52		52	2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	12,303		15			12,303	4
5	Leasehold Improvement-Remodeling	1980	19,273		20			19,273	5
6	Leasehold Improvement-Tenant Improvement	1987	996		13			996	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,572	223	16	223		2,234	8
9	Leasehold Improvement-Build.Improv.	1996	1,259	79	16	79		704	9
10	Leasehold Improvement-Asphalting	2000	98		3			98	10
11	Leasehold Improvement-DAI	2001	172	17	10	17		54	11
12	Leasehold Improvement-Bathrooms	2002	733	82	7	82		181	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		328	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,820	148	7	148		148	14
15	Leasehold Improvement-Add-on Improvement, fixture base	1980	79		23			79	15
16	Leasehold Improvement-Add-on Improvement, lighting base	2001	137	27	5	27		103	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	27
28	Leasehold Improvement-Remodeling	2002	4,861	608	7	608		1,215	28
29	Leasehold Improvement-Remodeling	2003	5,085	775	7	775		1,394	29
30	Parking Lot	1993	334,637	11,642	28.75	11,642		116,396	30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	13,393	266	30	266		2,041	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,069,825	\$ 344,060		\$ 358,511	\$ 14,451	\$ 4,067,735	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 265,098	\$ 32,244	\$ 32,244	\$	various	\$ 116,216	71
72	Current Year Purchases	54,481	3,031	3,031		various	3,031	72
73	Fully Depreciated Assets	1,084,865	2,448	2,448		various	1,084,865	73
74								74
75	TOTALS	\$ 1,404,444	\$ 37,723	\$ 37,723	\$		\$ 1,204,112	75

D. Vehicle Depreciation (See instructions.)*									
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9
76	car engine/bus/van	dodge/other	98-'04	\$ 8,164	\$ 130	\$ 130	\$	3	\$ 7,981
77									
78	Midwest Transit-bus	2001 bus	2001	49,826	9,965	9,965		5	39,861
79									
80	TOTALS			\$ 57,990	\$ 10,095	\$ 10,095	\$		\$ 47,842

E. Summary of Care-Related Assets				1	2
		Reference			Amount
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)			\$ 12,669,519
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$ 391,878
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$ 406,329
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$ 14,451
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$ 5,319,689

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)				
	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4
86		\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92	Flooring Network	\$ 20,550
93	Building Improvements	
94		
95		\$ 20,550

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:related party-cost is backed out
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  
If NO, see instructions.☐ YES☒ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.  
This amount was calculated by dividing the total amount to be amortized  
by the length of the lease.

9. Option to Buy:☐ YES☐ NO Terms:

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?☐ YES☐ NO
16. Rental Amount for movable equipment: \$3,896 Description:copy machine lease

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	transport-non-patients	Various	\$702.50	\$8,430	17
18					18
19	related party - AMS		#####	29,595	19
20					20
21	TOTAL		\$#####	\$38,025	21

10. Effective dates of current rental agreement:

Beginning6/30/2002

Ending6/29/2012

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	12/31/2005	\$1,245,971
13.	12/31/2006	\$1,245,971
14.	12/31/2007	\$1,245,971

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled Nurses on site

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

☐

☐

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 252,393	\$		\$ 252,393	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			15,127			15,127	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			295,314			295,314	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Page 16A	# of prescrpts				131,430		131,430	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	39-1,39-3								12
13	Other (specify):	See Page 16A				(120,175)	296,291		176,116	13
14	TOTAL			\$		\$ 442,659	\$ 427,721		\$ 870,380	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.



Page 16
Col 5: PT,OT, & ST
Col 6: Other
Amount

XIV. SPECIAL SERVICES (Direct Cost)

-----

Service

-----

1. OT	39-3	\$252,392.78
2. ST	39-3	15,127.07
3.		
4. PT	39-3	295,313.56
5.		
6.		
7.		
8.		
9. Phamacy	See pg 16	174,297.42
Plus: Related Party- Forum Drugs		(23,959.00)
Plus: Related Party- Forum I.V.		(18,908.00)
Total to line 9 Pharmacy		
To Page		131,430.42
-----		
10.		
11.		
12. Exceptional Care-Column 3		0.00
12. Exceptional Care-Column 6		0.00
13. Other:Lab, x-ray therapy, Mattress, Pyramid billings		293,405.18
Oxygen Cost - IDPA		33,887.00
Related Party- Pyramid		(31,001.00)
Related Party- CPT		(120,175.00)
Total to line 13		176,116.18
-----		
14. Total		870,380.01
=====		

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 667	\$ 15,152	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 145,000 )	2,527,659	2,527,659	3
4	Supply Inventory (priced at )	21,486	21,486	4
5	Short-Term Investments			5
6	Prepaid Insurance		14,034	6
7	Other Prepaid Expenses	5,525	5,525	7
8	Accounts Receivable (owners or related parties)		1,000,057	8
9	Other(specify): Due fm 3rd parties,Escrow,RR	86,036	633,768	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,641,373	\$ 4,217,681	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	308,238	308,238	12
13	Land		1,137,260	13
14	Buildings, at Historical Cost		9,104,204	14
15	Leasehold Improvements, at Historical Cost	634,660	634,660	15
16	Equipment, at Historical Cost	425,882	1,375,797	16
17	Accumulated Depreciation (book methods)	(579,390)	(5,153,528)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe CIP Building Improve	20,550	20,550	22
23	Other(specify): Financing Fees		85,777	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 809,940	\$ 7,512,958	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,451,313	\$ 11,730,639	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,789,855	\$ 1,789,855	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	197,561	197,561	28
29	Short-Term Notes Payable	315,000	315,000	29
30	Accrued Salaries Payable	394,652	394,652	30
31	Accrued Taxes Payable (excluding real estate taxes)	22,952	22,952	31
32	Accrued Real Estate Taxes(Sch.IX-B)		777,000	32
33	Accrued Interest Payable	567,963	628,094	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	Due to 3rd parties	235,830		36
37	accr ins, exps, idpa, sales tax, etc	317,150	317,150	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 3,840,963	\$ 4,442,264	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	2,040,141	2,040,141	39
40	Mortgage Payable		12,483,944	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 2,040,141	\$ 14,524,085	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 5,881,104	\$ 18,966,349	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (2,429,791)	\$ (7,235,710)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,451,313	\$ 11,730,639	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,610,319)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,610,319)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	180,528	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 180,528	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (2,429,791)	24 *

\* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.  
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 10,993,708	1
2	Discounts and Allowances for all Levels	( )	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,993,708	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	33,100	6
7	Oxygen	21,568	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 54,668	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	(1,013)	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	302	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	19,453	21
22	Laundry	400	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 19,142	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	26	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 26	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Park Rental, Medical Records, Wage Service Fee	3,010	28
28a	Write off of Old Amounts Due (related to prior yr,not offst	7,136	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 10,146	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,077,690	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,716,463	31
32	Health Care	3,716,219	32
33	General Administration	2,245,792	33
	B. Capital Expense		
34	Ownership	2,017,474	34
	C. Ancillary Expense		
35	Special Cost Centers	1,064,513	35
36	Provider Participation Fee	136,701	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,897,162	40
41	Income before Income Taxes (line 30 minus line 40)**	180,528	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 180,528	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)  
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,675	1,791	\$ 71,239	\$ 39.78	1
2	Assistant Director of Nursing	2,856	3,190	81,031	25.40	2
3	Registered Nurses	24,795	25,930	736,022	28.38	3
4	Licensed Practical Nurses	33,285	34,647	782,762	22.59	4
5	Nurse Aides & Orderlies	98,503	106,109	1,227,381	11.57	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,835	2,341	29,680	12.68	8
9	Activity Director	2,016	2,080	40,229	19.34	9
10	Activity Assistants	4,663	5,038	40,879	8.11	10
11	Social Service Workers	2,064	2,080	32,425	15.59	11
12	Dietician					12
13	Food Service Supervisor	1,704	1,872	37,966	20.28	13
14	Head Cook	4,880	5,176	56,621	10.94	14
15	Cook Helpers/Assistants	32,013	34,938	323,131	9.25	15
16	Dishwashers					16
17	Maintenance Workers	1,960	2,080	40,489	19.47	17
18	Housekeepers	22,748	24,188	226,196	9.35	18
19	Laundry	5,554	5,880	54,773	9.32	19
20	Administrator					20
21	Assistant Administrator	1,728	1,920	54,815	28.55	21
22	Other Administrative	7,127	7,907	202,673	25.63	22
23	Office Manager	1,992	2,080	26,120	12.56	23
24	Clerical	2,318	2,363	17,475	7.40	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,344	3,440	96,992	28.20	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,248	1,287	17,956	13.95	31
32	Other Health C: Clinical support	1,691	1,699	55,159	32.47	32
33	Other(specify) Alzheimers Staff	5,940	6,254	74,845	11.97	33
34	TOTAL (lines 1 - 33)	265,939	284,290	\$ 4,326,859 *	\$ 15.22	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 9,600	1-3	35
36	Medical Director	Monthly	109,843	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,976	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	54	2,908	11-3	44
45	Social Service Consultant	17	896	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	70	\$ 129,223		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ n/a		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

STATE OF ILLINOIS

Facility Name & ID NumberAlden Town Manor Rehab & HCC# 0038000Report Period Beginning:01/01/2004Ending:12/31/2004Page 21

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			\$
Myrta Reyes	Assist. Administrator		6,134
Jill Greco	Assist. Administrator		48,681
Administrator (Marc Villafania) costs included in Related Party allocations on line 27.			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 54,815

B. Administrative - Other

Description	Amount
	\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
AMS	Management Fees	\$ 914,744
BDO Seidman	Accounting Fees	10,470
Ken Fisch / Greenberg	Legal Fees	35,653
Janet L. Hermann	Legal Services	4,377
Smart Document /AMS Billings/Law	Medical Records	177
Schmidt Salzman	Legal Fees	5,000
Medi.Com	Billing Consultants	1,241
Dart Chart Systems	Medicare Consultant	54,408
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)		\$ 1,026,069

D. Employee Benefits and Payroll Taxes

Description	Amount	
Workers' Compensation Insurance	\$ 105,203	
Unemployment Compensation Insurance	86,906	
FICA Taxes	324,386	
Employee Health Insurance	30,921	
Employee Meals	38,582	
Illinois Municipal Retirement Fund (IMRF)*		
Union Health & Welfare	86,099	
Dental, Life & Pension	29,920	
Misc, Tution	9,207	
Drug Tests, 401K Match, Vaccinations	3,449	
Marketing Manager Benefit Deduction	(3,645)	
TOTAL (agree to Schedule V, line 22, col.8)		\$ 711,028

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		\$
TOTAL		\$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount	
IDPH License Fee	\$	
Advertising: Employee Recruitment	802	
Health Care Worker Background Check (Indicate # of checks performed 3)	21	
IL. Healthcare Assoc.	8,105	
Surety Bond Fees, Dues & Subscriptions	2,714	
related party-AMS	710	
Less: Public Relations Expense	( )	
Non-allowable advertising	( )	
Yellow page advertising	( )	
TOTAL (agree to Sch. V, line 20, col. 8)		\$ 12,352

G. Schedule of Travel and Seminar\*\*

Description	Amount
Out-of-State Travel	\$
In-State Travel	
related party-AMS	17,632
Auto & Travel	861
Gasoline expense	3,690
Seminar Expense	
Alzheimers Association (nat convention)	250
IL. Health Care Assoc.	875
CAHIMA, AMS Billings (American Express)	748
Entertainment Expense	( )
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 24,056

\* Attach copy of IMRF notifications

\*\*See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	Painting	6/95	\$ 13,250	3	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Painting	8/95	678	3									
3	Painting	9/95	740	3									
4	Painting	11/95	1,779	3									
5	Painting	12/95	1,315	3									
6	Painting	1/96	2,669	3									
7	Painting	2/96	1,372	3									
8	Rewiring	2/96	2,276	5									
9	Painting	3/96	1,782	3									
10	Fan	3/96	2,012	15									
11	Painting	4/96	3,472	3									
12	See page 22a	1996	18,923	3-15	809	809	809	809	809	484	317	317	317
13	See page 22a	1997	9,243	3	0								
14	See page 22a	1998	25,643	3	4,053	0							
15	See page 22a	1999	11,752	3	3,917	1,959	1,959						
16	See page 22a	2000	28,466	3	9,489	9,489	4,668	0					
17	See page 22a	2001	5,082	3	1,371	1,692	1,694	322	0				
18	See page 22a	2002	6,523	3		1,379	2,174	2,174	796	796			
19	See page 22a	2003	4,424	3			0	1,475	1,474	367			
20	See page 22a	2004	1,840	3				51	613	613	563		
21	Painting 2004 >\$1,500	2004	3,648	3				1,216	1,216	1,216			
22	TOTALS		\$ 146,889		\$ 19,639	15,328	11,304	6,047	4,908	3,476	880	317	317

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	Condenser repair	4/96	2,205	10	221	221	221	221	221	54			
2	Painting	6/96	1,791	3									
2a	Temperature Service Co, Inc	3/96	1,407	15	94	94	94	94	94	94	94	94	94
2b	Temperature Service Co, Inc	3/96	605	15	40	40	40	40	40	40	40	40	40
3	Air conditioner repair	6/96	2,711	10	271	271	271	271	271	113			
4	Air conditioner repair	7/96	2,740	15	183	183	183	183	183	183	183	183	183
5	Painting	7/96	3,445	3									
6	Painting	8/96	2,111	3									
7	Painting	9/96	1,988	3									
8	Painting	11/96	1,104	3									
9	Painting	12/96	828	3									
10	Total to pg 22, line 12		20,935		809	809	809	809	809	484	317	317	317
11	Repair cooler	2/97	1,646	3									
12	Repair boiler	4/97	3,052	3									
13	Repair leak	8/97	1,550	3									
14	Repair compressor	11/97	1,414	3									
15	Repair compressor	12/97	1,581	3									
16	Total to pg 22, line 13		9,243		0								
17	Replace pump motor	2/98	1,719	3	48	0	0						
18	Replace belts on fans	4/98	2,348	3	195	0	0						
19	Repair boiler	7/98	2,308	3	405	0	0						
20	Replace actuator	12/98	1,694	3	517	0	0						
21	Painting	3/98	5,083	3	283	0	0						
22	Painting	6/98	5,415	3	752	0	0						
23	Painting	10/98	5,564	3	1,390	0	0						
24	Painting	12/98	1,513	3	463	0	0						
25	Total to pg 22, line 14		25,643		4,053	0	0	0	0	0			
26	painting>\$1,500 1999	7/99	11,752	3	3,917	3,917	1,959	0	0				
27	Total to pg 22, line 15		11,752		3,917	3,917	1,959	0	0	0	0	0	0
28	Climate Service Inc (repair HVAC)	1/00	1,703	3	568	568	0						
29	Climate Service Inc (repair HVAC)	1/00	1,970	3	657	657	0						
30	Capps Plumbing & Sewer (plumbin	5/00	2,718	3	906	906	302	0					
31	GT Mechanical (repair HVAC)	7/00	1,898	3	633	633	316	0					
32	Capps Plumbing & Sewer (plumbin	8/00	1,965	3	655	655	382	0					
33	Alden Bennett Construction (painti	9/00	8,378	3	2,793	2,793	1,862	0					
34	Alden Bennett Construction (painti	11/00	1,502	3	501	501	417	0					
35	painting>\$1,500 for 2000	7/00	8,333	3	2,778	2,778	1,389	0					
36	Total to pg 22, line 16		28,466		9,489	9,489	4,668	0	0	0			
37	Alden Bennett(paint/wallcover)	11/00	(1,502)	3	(501)	(501)	(501)	-1					
38	Capps(booster system)	1/01	2,705	3	902	902	902	0					
39	Coker(boiler)	4/01	3,879	3	970	1,293	1,293	323	0				
40	Total to pg 22, line 17		5,082		1,371	1,694	1,694	322	0	0			
41	GT Mechanical(tower pump)	5/02	1,374	3		305	458	458	153				
42	GT Mechanical(hvac repair)	5/02	2,617	3		582	872	872	291				
43	F.E Moran (smoke detection)	6/02	2,532	3		492	844	844	352				
44	Total to pg 22, line18		6,523		0	1,379	2,174	2,174	796	0			
45	Alden Bennett Const.(wall co	Dec-02	2,654	3			885	885	884				
46	D L Louch Wallcovering (pain	8/03	972	3			135	324	324	189			
47	D L Louch Wallcovering (pain	9/03	799	3			89	266	266	178			
48	Total to pg 22, line19		4,424		0	0	1,108	1,475	1,474	367			
49	Capps Plumbing(#1Berkay Ur	12/04	1,840	3				51	613	613	563		
50	Total to pg 22, line20		1,840		0	0	0	51	613	613	563	0	0



XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? yes
- (2) Are there any dues to nursing home associations included on the cost report? yes  
If YES, give association name and amount. IL. Healthcare Assoc. \$11,880
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? yes  
What was the average life used for new equipment added during this period? 8 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 42,099 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 136,701  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 38,582 Has any meal income been offset against related costs? no Indicate the amount. \$ n/a
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? no  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes  
**g. Does the facility transport residents to and from day training? no**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ n/a**
- (17) Has an audit been performed by an independent certified public accounting firm? no  
Firm Name: \_\_\_\_\_ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? n/a If no, please explain. not applicable
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? yes  
Attach invoices and a summary of services for all architect and appraisal fees.

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(38,582)	Employee Meal
	22	38,582	Employee Meal
22		13,352	Uniforms
	10	9,877	Uniforms
	6	67	Uniforms
	4	265	Uniforms
	1	1,122	Uniforms
	3	1,071	Uniforms
	11	160	Uniforms
	21	790	Uniforms
		<div>26,704</div>	Net should be 0